

Name
in
Full

Mary Ellen Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mandergord</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>21st</i>	Age <i>2</i> Years	Months <i>10</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Talbot Co. Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Bascom Chambers</i>				Father's Birthplace <i>Talbot Co. Md</i>	
Mother's Maiden Name <i>Mary Lizzie Corsey</i>				Mother's Birthplace <i>Talbot Co. Md</i>	
Name of person giving information <i>Father</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of <i>Bascom Chambers</i>
	Address <i>Mandergord Md</i>
Accident or suicide? <i>—</i>	



Name
in
Full

Solomon Deshields

CERTIFICATE OF DEATH

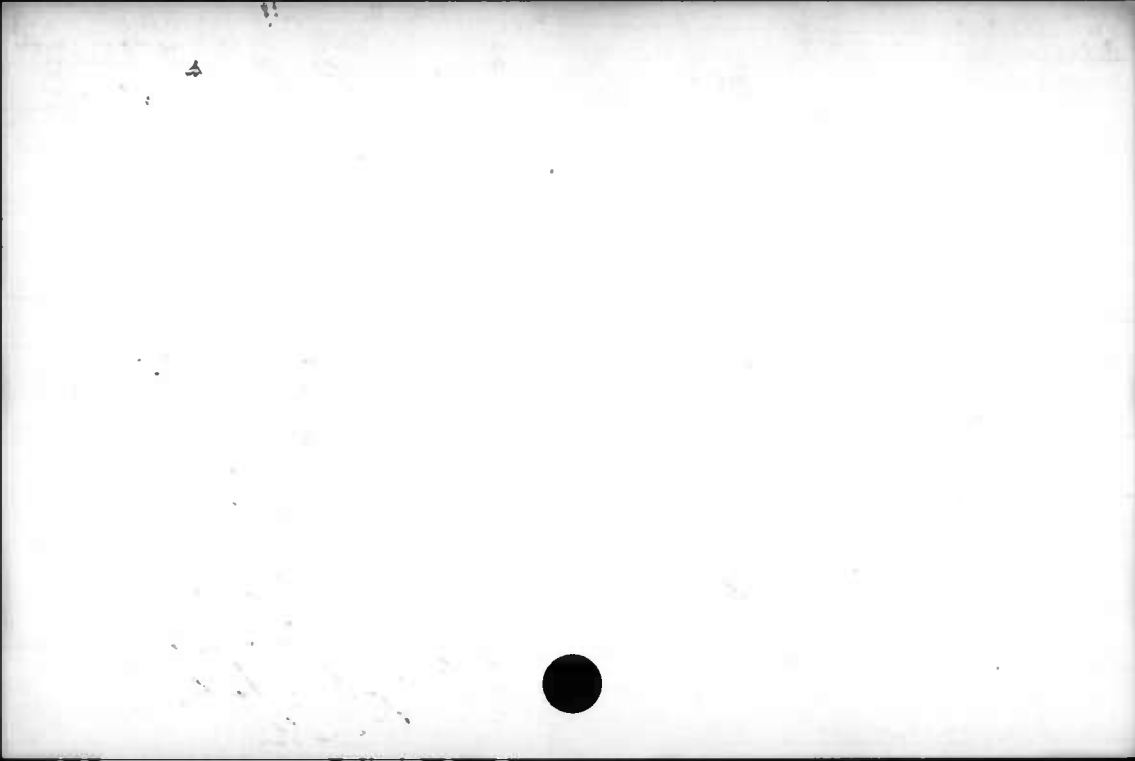
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Copperville</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>14</i>	Years <i>72</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Wgn</i>	Birth-place <i>Talbot Co. Md</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name	<i>bb.</i>		Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Instant</i>
Immediate <i>Exhaustion</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Julius A. Johnson</i>
	Address <i>East - Md</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Robt Eumals

Died at
EastonCounty
Gallat-

MARYLAND

Date 1903 Nov. 21

Y.

M.

D.

Native of

Occupation

Age

69

-

-

U.S.A.

Mail Driver

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~~~Widow~~

Number of children living

2

Husband of
Susan EumalsFather's Name
Edw EumalsMother's
Maiden Name

Margaret Eumals

Cause of
Mitral Regurgitation - AscitesHow long sick
2 MosDeath
Immediate Exhaustion~~Accident, Suicide, Homicide~~

Reported by

Chas. J. Davidson
Easton

Address

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ida May Faulkner

CERTIFICATE OF DEATH

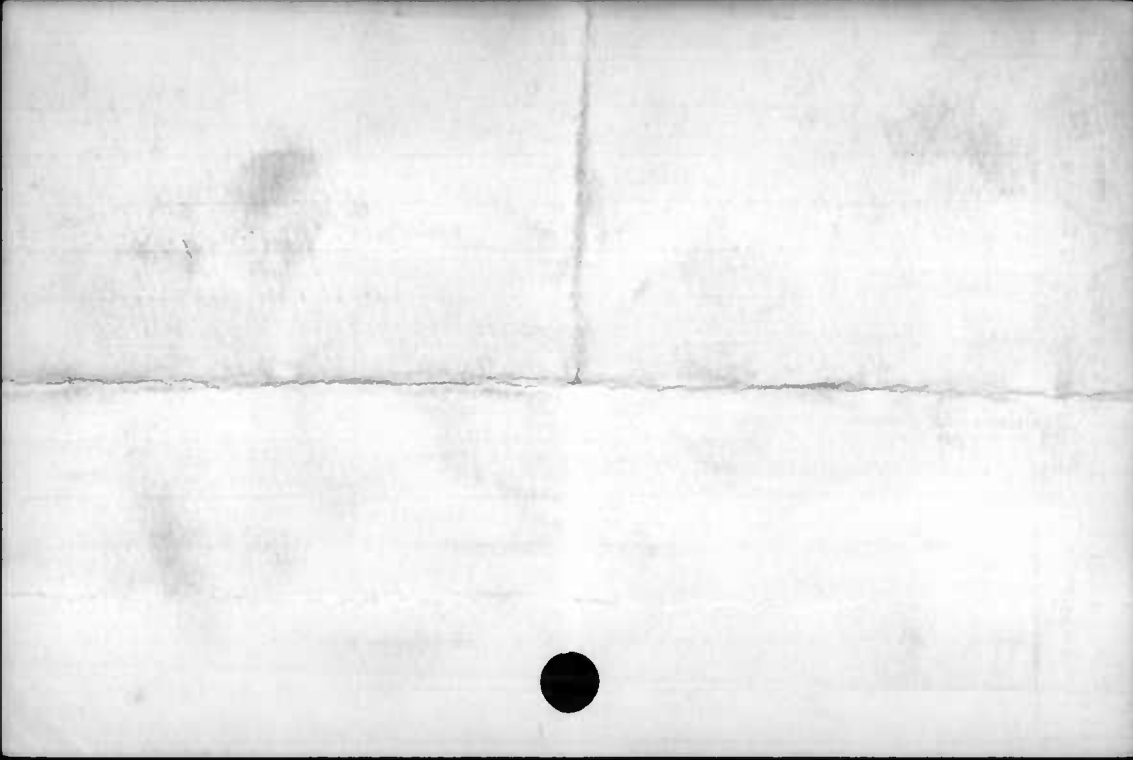
TO BE ANSWERED BY
NEAREST FRIEND

Died near		Town Crapple		County Talbot		MARYLAND	
Date of death 1903		Month 11		Day 6		Age 10	
Sex Female		Color or Race White		Birth- place Talbot Co Md -		Months 10	
Days 23		Occupation School-girl		Married, Single on Widowed			
Name of Wife or Husband							
Father's Name Robert J Faulkner		Father's Birthplace Talbot Co Md		Mother's Maiden Name Martha Jane Coleman		Mother's Birthplace Talbot Co Md	
Name of In formation Robert J Faulkner		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cerebros of liver		How long 10 months	
Immediate Progressive Emaciation & Oedema		How long 2 months	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Joseph A Ross M D	
		Address Crapple, Talbot Co, Md	
Accident or Suicide?			



Name

in
Full

Annie Goldsborough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i> ^{Town}		<i>Dalrymple</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>5</i>	Age <i>70</i>	Months <i>4</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Easton</i>			
Married, Single or Widowed <i>X</i>		Occupation <i>X</i>			
Name of Wife or Husband					
Father's Name <i>John Wilson</i>			Father's Birthplace <i>9</i>		
Mother's Maiden Name <i>Alverta Goldsborough</i>			Mother's Birthplace		
Name of person giving information <i>His Mother</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>2 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Stella Holmes

Town

County

Easton

Talbot

MARYLAND

Died at

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

Nov.

14

Age

17

4

USA

waitress

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Chas. E. Holmes

Mother's

Maiden Name

Emma Adams

Cause of

Primary

Tuberculosis (Lungs)

How long sick

3 mos

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Chas. F. Davidson

Address

Easton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sallie Ann Mitchell

CERTIFICATE OF DEATH

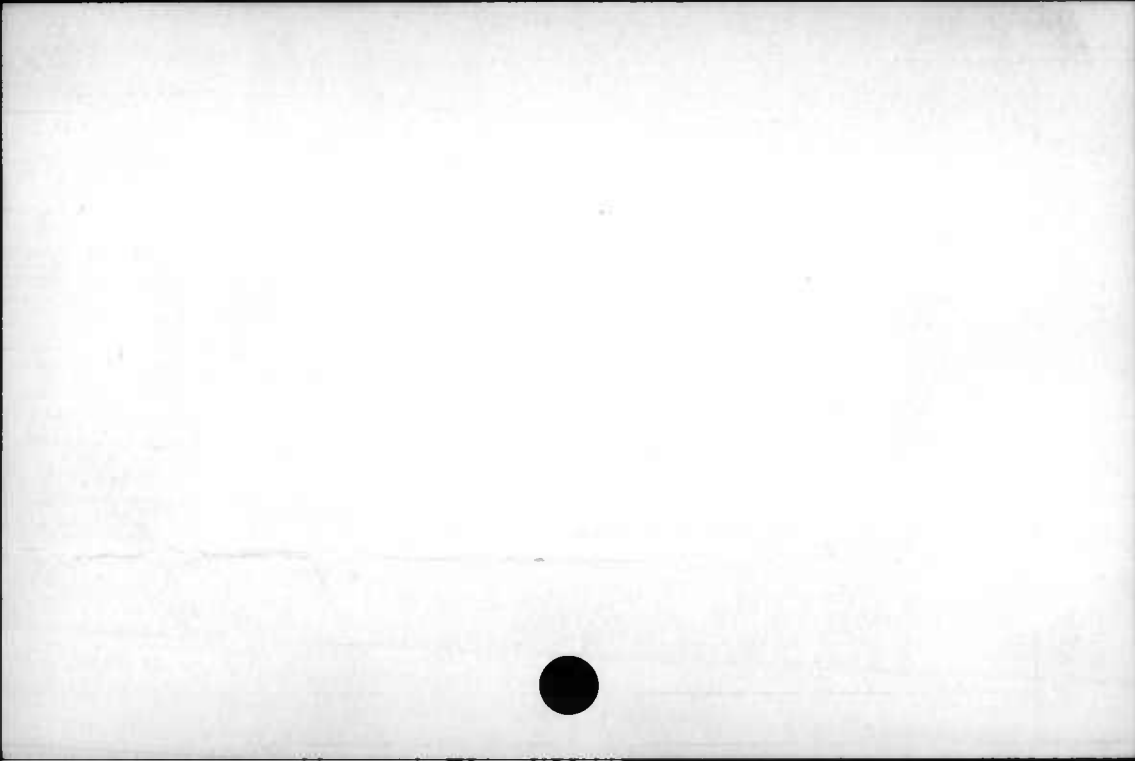
TO BE ANSWERED BY
NEAREST FRIEND

Died near Town <i>Oxford</i>		County <i>Talbot</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>25</i>	Age <i>53</i>	Months <i>3</i>	Days <i>19</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Talbot Co</i>	
Married Single or Widowed <i>Married</i>		Occupation <i>Servant</i>			
Name of Wife or Husband <i>James Mitchell</i>					
Father's Name <i>Nathan Briscoe</i>		Father's Birthplace <i>Talbot Co</i>			
Mother's Maiden Name <i>Elizabeth Slaughter</i>		Mother's Birthplace <i>Talbot Co</i>			
Name of person giving information <i>Charles E. Stelt</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of the Uterus & Bowel</i>	How long	<i>3 months</i>
Immediate	<i>Acute Diarrhoea</i>	How long	<i>2 days -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Joseph A. Ross M.D.</i>
		Address	<i>Trappe Talbot Co, Md</i>
Accident or Suicide?			



Name
in
Full

Charlotte Money

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Miles Run ^{Town} MekeTallm ^{County}Date
of death 1903Month
MarDay
18Age
Years 61

Months

Days

Sex
FemaleColor or
Race

Negro

Birth-
place

Tallm to Ind

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of
Husband

W. Money

Father's
Name

Moses Money

Father's
Birthplace

Ind

Mother's
Maiden Name

Rebecca Dicks

Mother's
Birthplace

Ind

Name of person giving
Information

W. Money

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Valvular Disease Heart.

How long

Several years

Immediate

Dropsey

How long

One month

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Julius A. Johnson

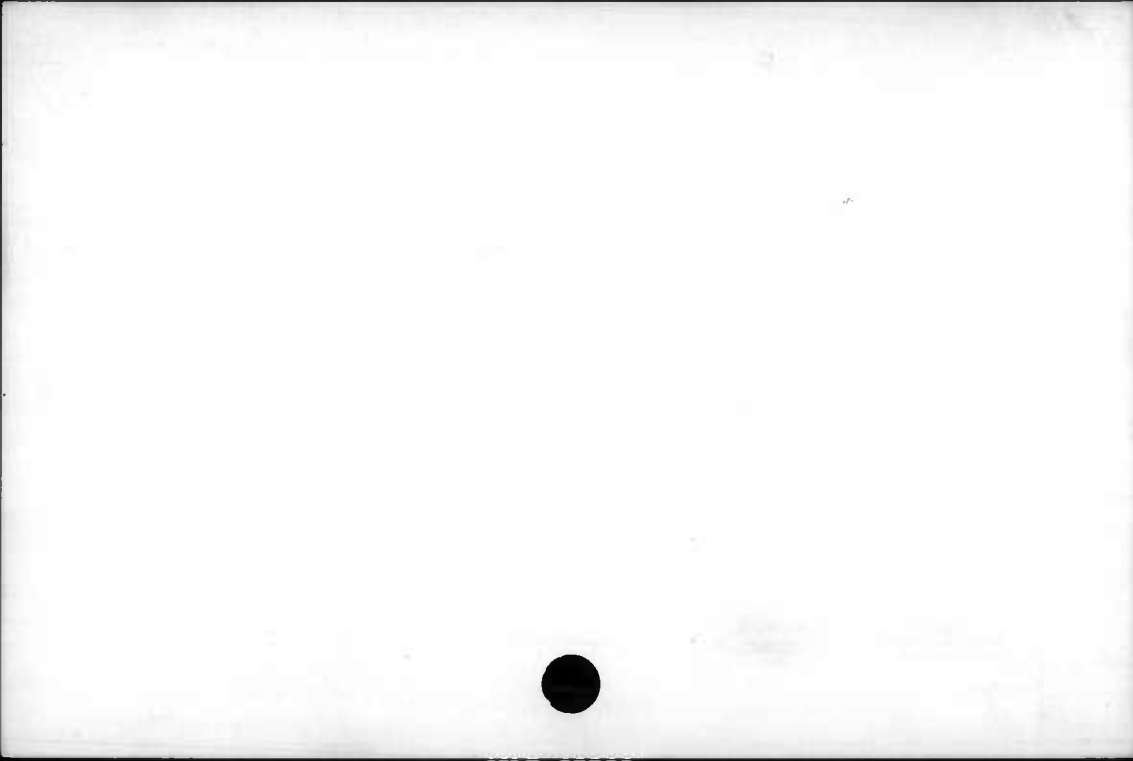
Address

Caster

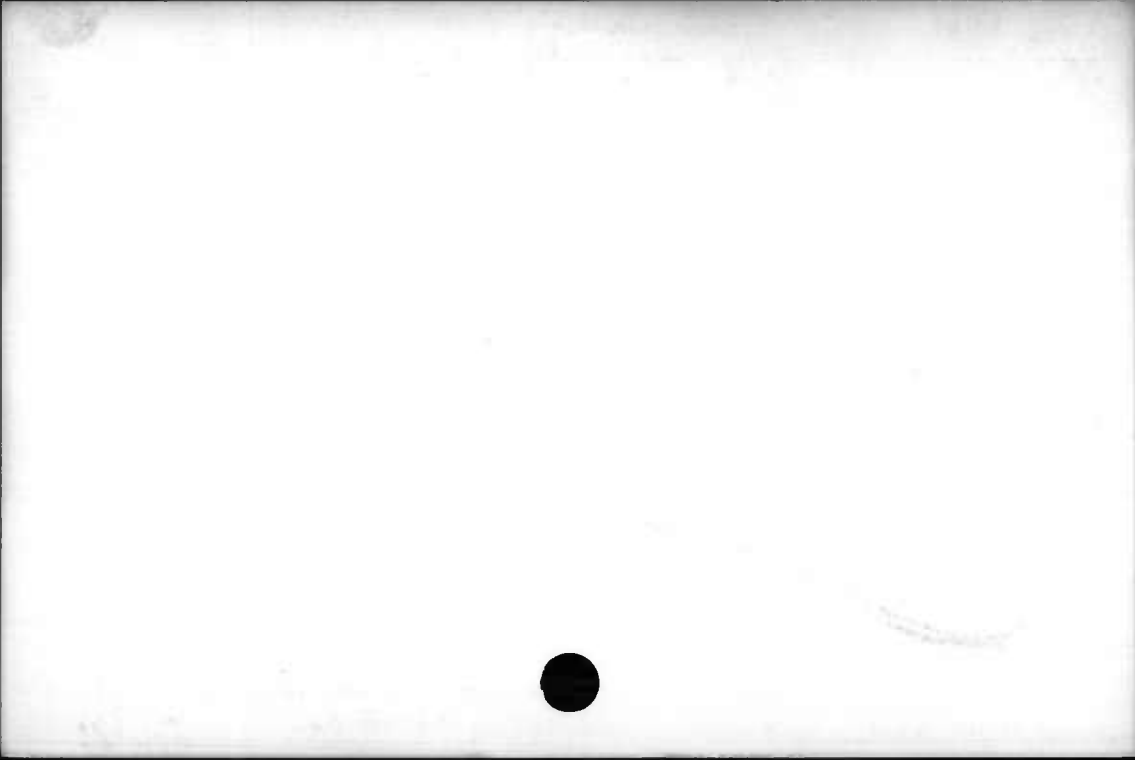
Accident or Suicide?

Ind

PHYSICIAN
OR CORONER



Name in Full		John Money				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Tulsa River Creek		County		MARYLAND
	Date of death	1903	Month	Mr	Day	20	Age
					Years	9	Months
					Days	—	
	Sex	Male		Color or Race	Negro		Birth-place
	Tulsa Co. Ind.						
	Occupation	None		Where Residing if not at place of death		—	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name					Father's Birthplace		
Mother's Maiden Name	Rebecca Money				Mother's Birthplace		
				Tulsa Co. Ind.			
Name of person giving Information					How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Tuberculosis following measles				1 year		
	Immediate				How long		
	Exhaustion				1 week		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
				Address			
				Tulsa Co. Ind.			
				Ma			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

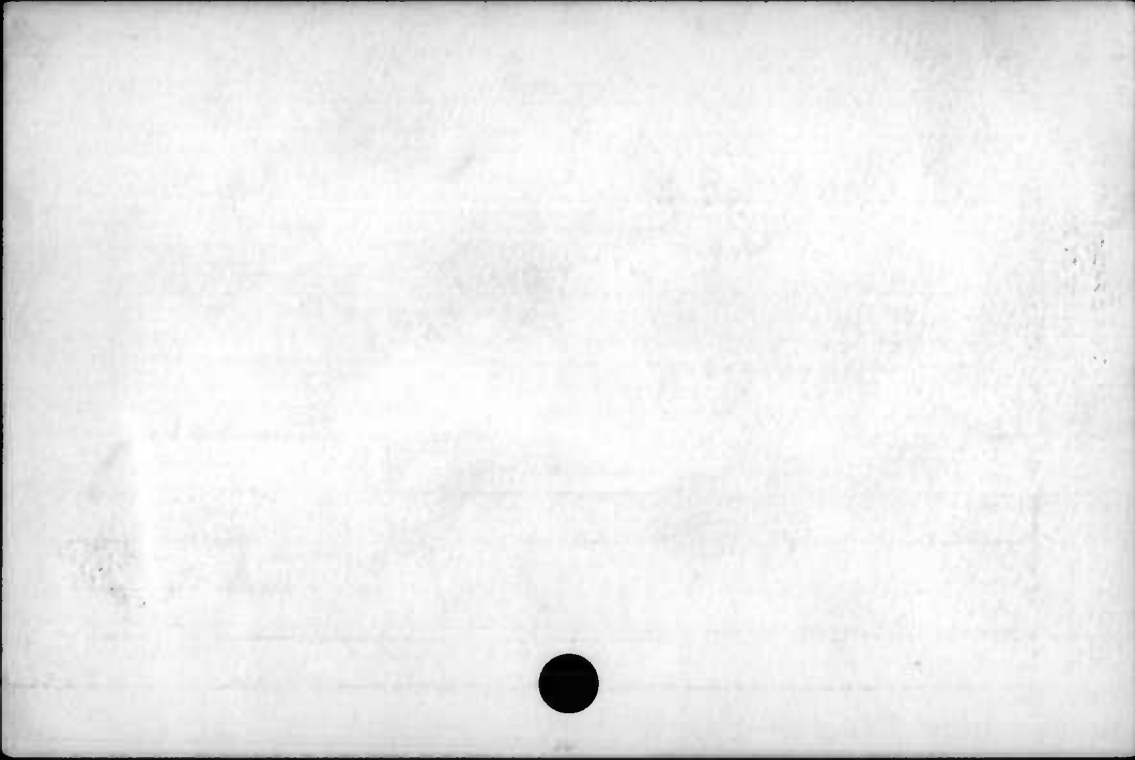
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James H Moore</i>			Town <i>Hopkins Neck</i>			County <i>Talbot</i>			MARYLAND				
Died at <i>Hopkins Neck</i>													
Date of death 1903		Month <i>Nov</i>		Day <i>24</i>		Age <i>61</i>		Years <i>61</i>		Months <i>3</i>		Days <i>9</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birthplace <i>Talbot Co</i>									
Married, Single or Widowed <i>married</i>		Occupation <i>Cystrman</i>											
Name of Wife or Husband <i>Ellen Moore</i>													
Father's Name <i>John Ross</i>		Father's Birthplace <i>Talbot</i>											
Mother's Maiden Name <i>Ellen Ross</i>		Mother's Birthplace <i>—</i>											
Name of person giving information <i>James Moore Jr.</i>		How related to deceased <i>Uncle</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of stomach</i>		How long <i>1 year</i>	
Immediate <i>asthenia</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. L. T. [Signature]</i>	
		Address <i>Royal Oak Talbot Co Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Elizabeth Newman

MARYLAND

Died at

Town

Trappe

County

Talbot

Date

of death 1903

Month

Nov

Day

29

Years

Age 64

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Talbot Co

Occupation

Where Residing if not
at place of death

Trappe

Married, Single
or Widowed

married

Name of Wife or
Husband

Alexander Bowdle Newman

Father's
Name

Gibson, W. Wright

Father's
Birthplace

Caroline Co

Mother's
Maiden Name

Delilah W. Maloney

Mother's
Birthplace

Talbot Co

Name of person giving
Information

John Newman

How related
to deceased

Son

CAUSES OF DEATH

Primary (First attendance) Conscious & pulse at wrist for 10 minutes
face livid & cold hyperpnea, great pain in effort
at inspiration. Stethoscopes not absorbed

How long

Immediate

Heart

How long

15 minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

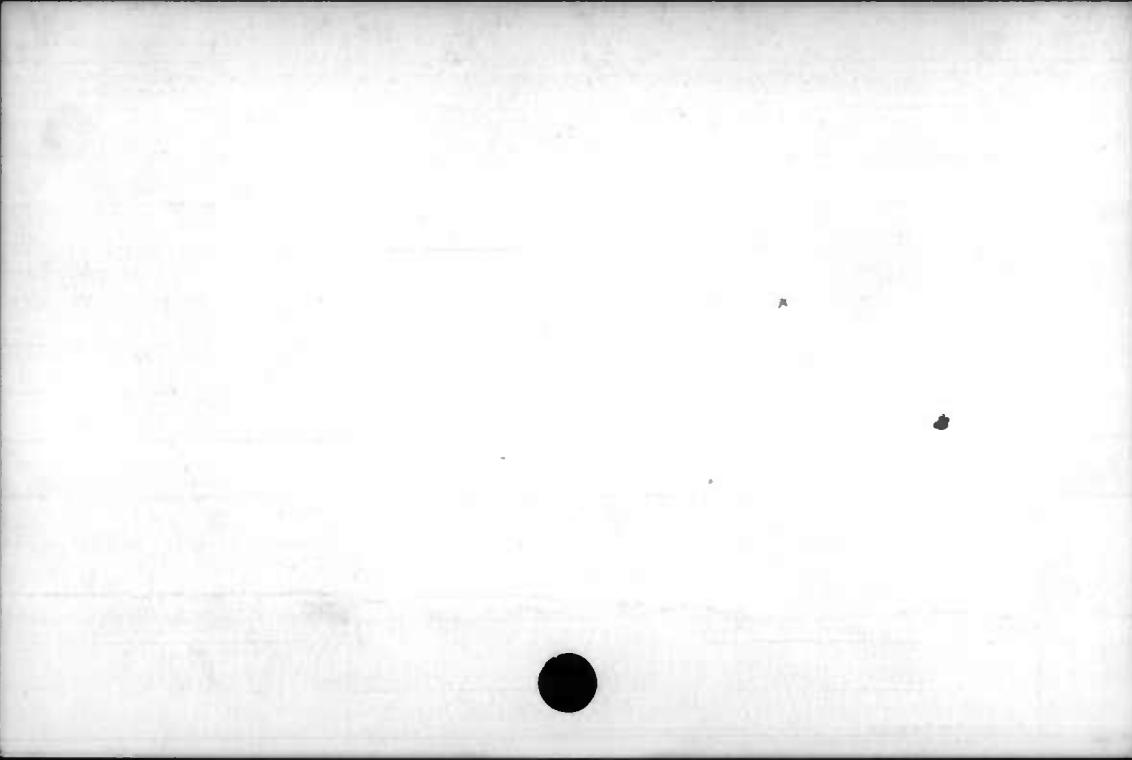
Signature of
Physician

Address

Jas. L. McFerrick
Trappe, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Maria Gantt Alwine

CERTIFICATE OF DEATH

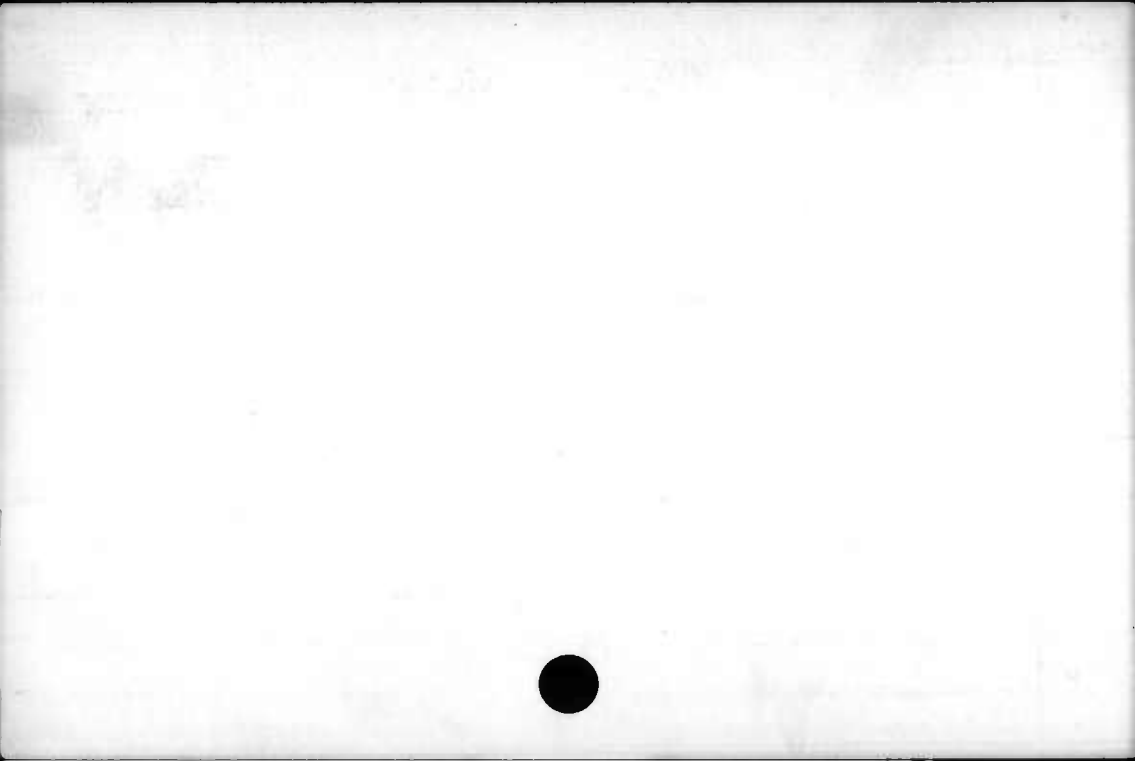
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>24th</i>	Age <i>70</i>	Months <i>2</i>	Days <i>18</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place	
Occupation <i>Lady</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long
Immediate <i>Accident - (fell down stairs)</i>	How long <i>2 min. or less</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Julius A. Johnson</i>
	Address <i>Easton Md</i>
Accident or Suicide	



Name
in
Full

Louis Ozman.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Trappe.</u> <small>Town</small>		<u>Falbot</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u> -	<u>11</u> <small>Month</small>	<u>19</u> <small>Day</small>	<u>65</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>7</u> <small>Days</small>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Falbot Co, Md</u>	
Married, Single <u>Married</u>		Occupation <u>Carpenter</u>			
Name of Wife - Husband <u>Margaret Tarbutton</u>					
Father's Name <u>William Ozman</u>		Father's Birthplace <u>Falbot Co, Md.</u>			
Mother's Maiden Name <u>Ellen</u>		Mother's Birthplace <u>Dorchester Co. Md</u>			
Name of person giving information <u>J Edward Tarbutton</u>		How related to deceased <u>Brother in law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>~~~~~</u>	How long	
Immediate	<u>Acute Dilatation of Heart</u>	How long	<u>5 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Joseph A Ross MD</u>	
		Address <u>Trappe, Falbot Co, Md</u>	
Accident or Suicide?			



Verna Perkins

Town

County

Died at

Matthewstown Talbot

MARYLAND

Date

1903

Month

Day

11 16

Y.

M.

D.

1 2

Native of

Md

Occupation

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Geo. Perkins

Mother's

Name

Harriette Eves

Cause of

Primary

Membrony Cramp

How long sick

Two weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

R. Hackett, M.D.

Address

Queen Anne Ind.

NOTES



Name
in
Full

William E. Shall's

CERTIFICATE OF DEATH

Died at ^{Town} Nearbitts ^{County} Talbot -

MARYLAND

Date of death 1903 ^{Month} Nov ^{Day} 24 Age ^{Years} 45 ^{Months} ^{Days}

Sex Male Color or Race White Birth-place Talbot Co

Occupation Merchant Where Residing if not at place of death Nearbitts

Married, Single or Widowed m down Name of Wife or Husband Emily S Shall's

Father's Name Martin Shall's Father's Birthplace did not know

Mother's Maiden Name did not know 64 Mother's Birthplace did not know

Name of person giving Information Oscar Shall's How related to deceased Son

CAUSES OF DEATH

Primary How long

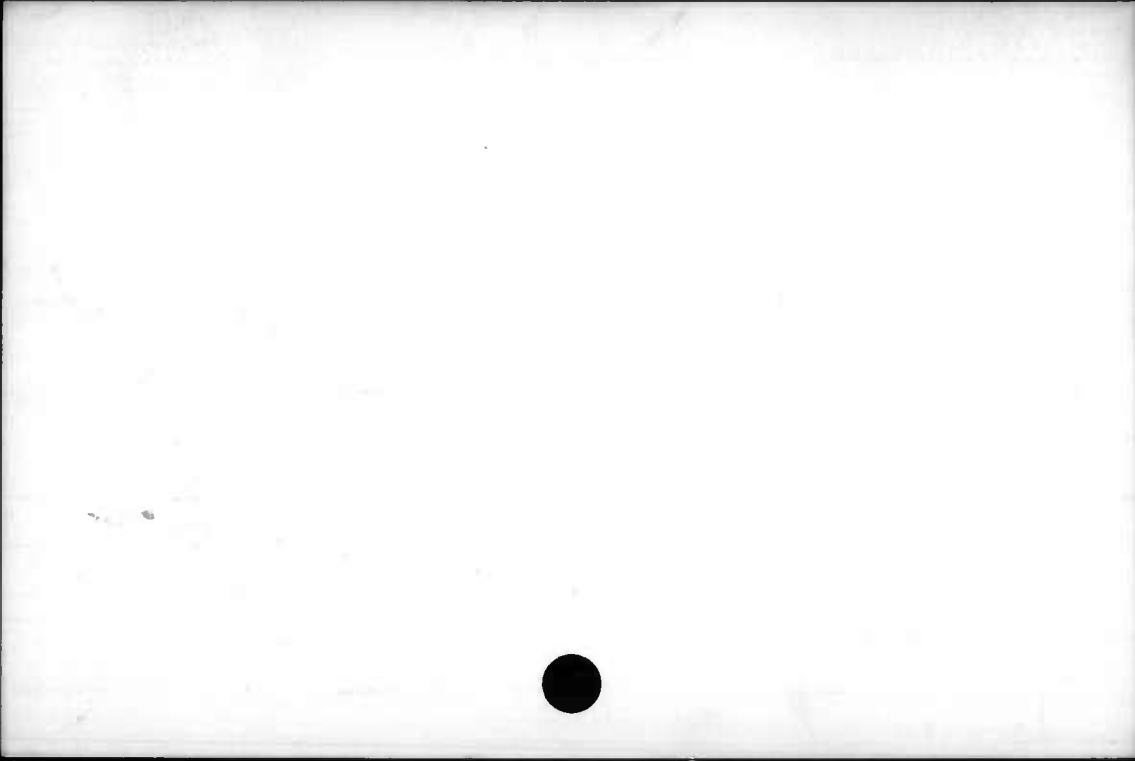
Immediate apoplexy How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Dr. J. B. Smith

Address St. Michael's
ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Cecilia Sherman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Miles River Neck</i>		County <i>Talbot-</i>		MARYLAND	
Date of death <i>190</i>	Month <i>Nov</i>	Day <i>2nd</i>	Age	Months	Days
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Talbot Co. Md</i>		
Occupation <i>Servant-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Charlotte Sherman</i>			Mother's Birthplace <i>Md</i>		
Name of person giving Information			How related to deceased		

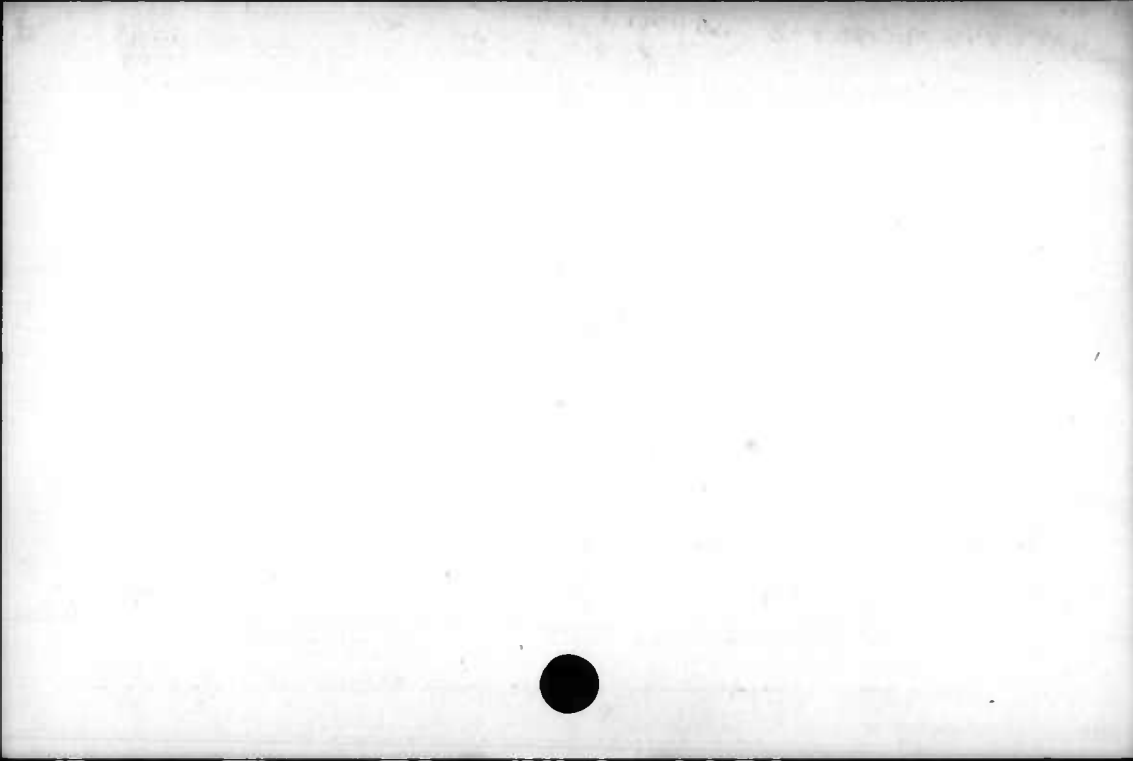
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever & Pneumonia</i>	How long <i>2 1/2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Julius A. Johnson</i>
	Address <i>East - Md</i>
Accident or Suicide?	



Name in Full William A Smith		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Royal Oak <small>Town</small>	Talbot <small>County</small>	MARYLAND
	Date of death 190 3 <small>Month</small> Nov <small>Day</small> 10	Age 34 <small>Years</small>	3 <small>Months</small> 6 <small>Days</small>
	Sex male	Color or Race Negro	Birth-place Royal Oak
	Married, Single or Widowed Single	Occupation Teamster	
	Name of Wife or Husband		
	Father's Name William A Smith	Father's Birthplace Royal Oak	
	Mother's Maiden Name Julian Webb	Mother's Birthplace Royal Oak	
Name of person giving information William A Smith	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	How long	
	Immediate consumption	How long 4 years	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician understand L. W. Fisher	
		Address Royal Oak	
		Indel.	
Accident or Suicide?			



Name
in
Full

William D. Sperry

CERTIFICATE OF DEATH

Died at ^{Town} St. Michaels ^{County} Talbot

MARYLAND

Date of death 1903	Month 11	Day 14	Years 72	Months 2	Days 1
--------------------	----------	--------	----------	----------	--------

Sex male	Color or Race white	Birth-place Talbot County Md
----------	---------------------	------------------------------

Married, Single or Widowed Widower	Occupation oysterman
------------------------------------	----------------------

Name of Wife or Husband Elizabeth Sperry

Father's Name Joshua Sperry	Father's Birthplace Do not know
-----------------------------	---------------------------------

Mother's Maiden Name Can not ascertain	Mother's Birthplace Do not know
----------------------------------------	---------------------------------

Name of person giving information Joseph Sperry	How related to deceased Son
-------------------------------------------------	-----------------------------

CAUSES OF DEATH

Primary Valvular Heart Disease	How long 2775 ago
--------------------------------	-------------------

Immediate Found dead in bed - Heart failed a few minutes likely	How long
-----------------------------------------------------------------	----------

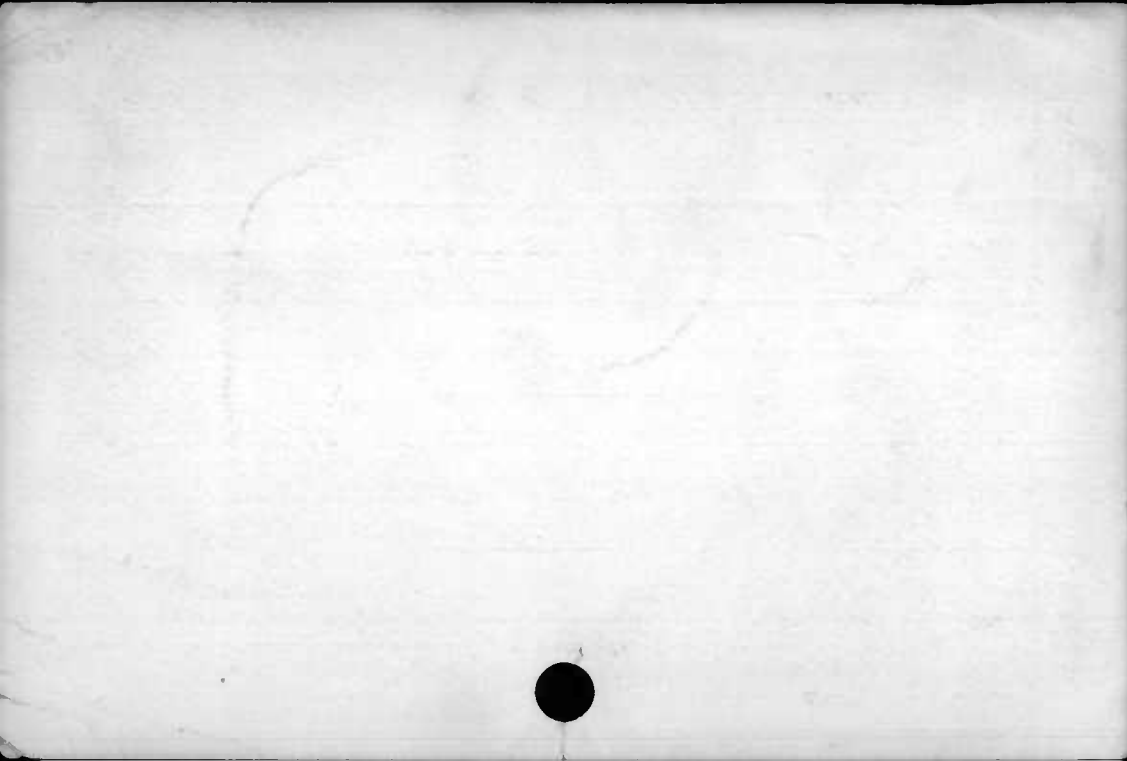
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Robt. A. Dodson

Address St. Michaels Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Elizabeth A. Tarbutton

Died at *near Trappe* Town *Talbot* County *MARYLAND*

Date 1903 *Nov. 26* Month *Nov.* Day *26* Y. *Y.* M. *M.* D. *D.* Native of *Md.* Occupation *Nurse*

☒ Male ☐ White ☒ Married ☐ Widow ☐ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *64*

Husband of

Wife

Father's Name *James Tarbutton* Mother's Maiden Name *Rebecca B. Phillips*

Cause of Death { Primary *Apoplexy with Paralysis* How long sick *10 days.*
 { Immediate *Coma.* Accident, Suicide, Homicide

Reported by *Lrs. S. Chaplain M.D.*
 Address *Trappe, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Chas. A. Tarkenton
68

Dec.

Rebecca R. Phillips

Nov. 26.

10 days.

Name
in
Full

CERTIFICATE OF DEATH

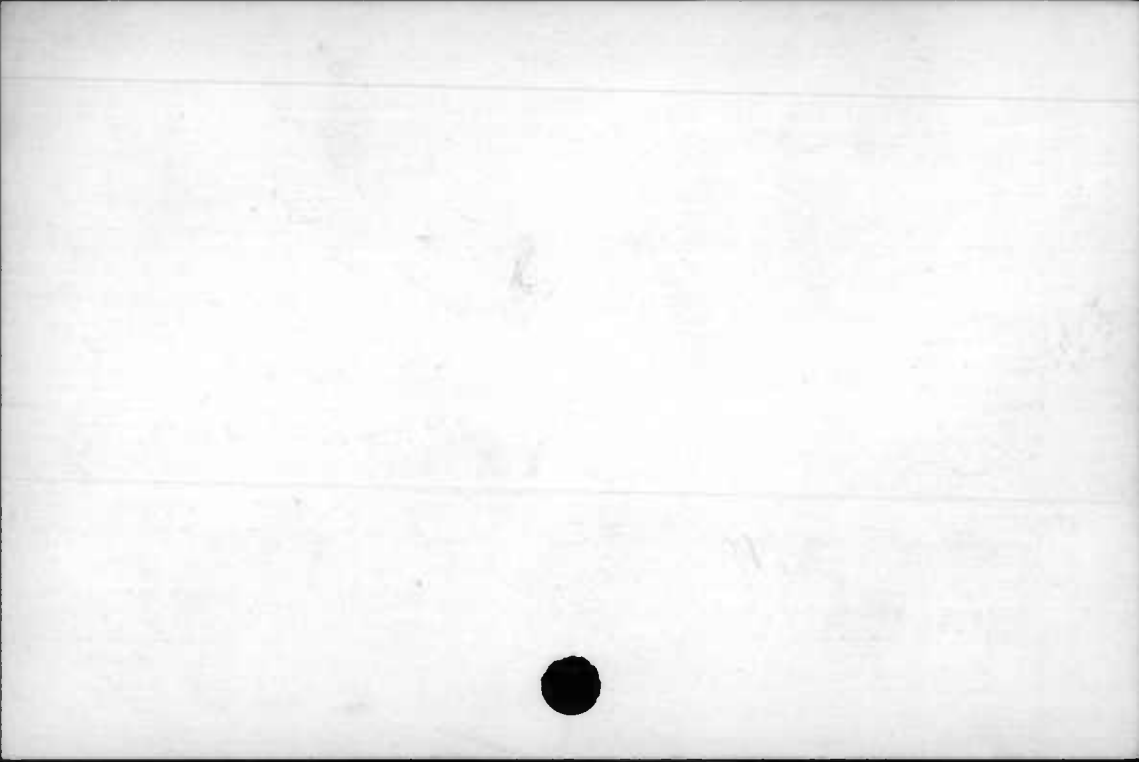
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Royal Oak</i> Town		County <i>Talbot</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>25</i>	Age <i>9</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Royal Oak</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Henry R. Thomas</i>			Father's Birthplace <i>Talbot</i>		
Mother's Maiden Name <i>Sarah E. Oliver</i>			Mother's Birthplace <i>Talbot</i>		
Name of person giving information <i>Henry R. Thomas</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gun Shot</i>	How long <i>Immediate</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Address <i>Saml B. Tripp</i>
Accident or Suicide?	



Name
in
Full

Thos Rumbold Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Michael</i>		Town		County		MARYLAND	
Date of death 1903	Month 11	Day 25	Age 65	Years	Months	Days	
Sex male	Color or Race white	Birth-place Caroline Co. Md					
Married, Single or Widowed	Single		Occupation none				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>27.25</i>
Immediate	<i>Asthenia</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>A. B. Glascock</i>	
		Address	
		<i>St. Michael Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

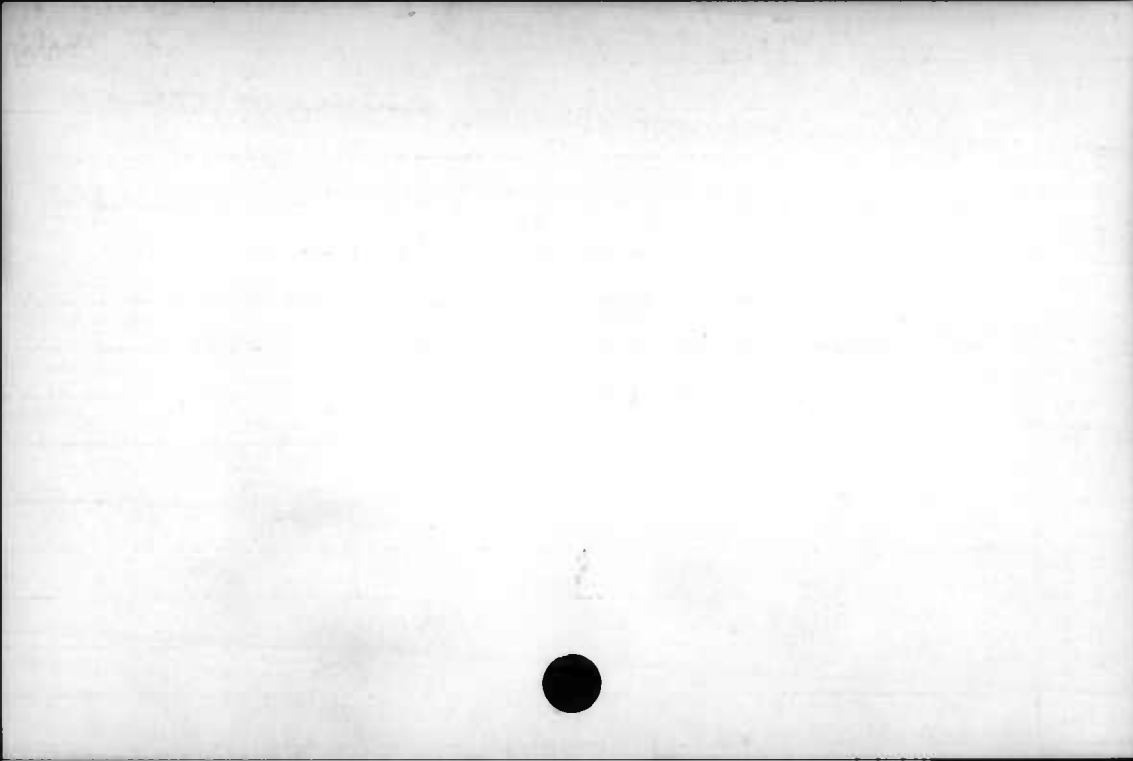
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Miles run creek</i>		County <i>Talbot</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>17</i>	Age <i>24</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Miles run creek</i>		
Married, Single or Widowed			Occupation <i>House Wife</i>		
Name of Wife or Husband <i>James H. Spivey</i>					
Father's Name <i>Simon Sherwood</i>			Father's Birthplace		
Mother's Maiden Name <i>Charlotte Sherwood</i>			Mother's Birthplace		
Name of person giving information <i>Husband</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>8 mo</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas H. Dandrow</i>
	Address <i>Easton Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Pere Ward

Town

County

Died at

Fairbank

Talbot

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

11-23

Age

48

Kent Co.

Sailor

Male

~~White~~

Married

out

Widow

Divorced

~~Female~~

Colored

Single

Widow

Widower

Number of children living

—

Husband

of

Wife

Father's

Name

do

Mother's

Name

14
Blank

Cause of

Primary

apoplexy

How long sick

One day

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

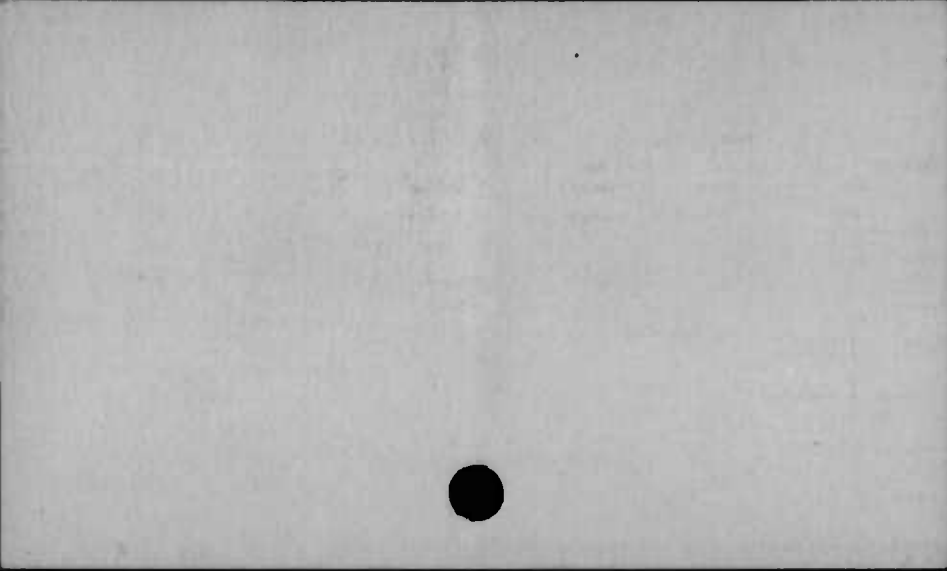
W. M. Chaires, M.D.

Address

Belghman, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65966



Name
in
Full

Alice Nelson Young

CERTIFICATE OF DEATH

Town

County

Died at Oxford

Talbot

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

Nov

27

Age

32

3

26

Sex

Female

Color or
Race

Black

Birth-
place

Oxford

Married, Single
or Widowed

Single

Occupation

None

Name of Wife or
HusbandFather's
Name

Spencer Young

90

Father's
Birthplace

Talbot-Geo. md

Mother's
Maiden Name

Florence T. Jenkins

Mother's
Birthplace

Talbot-Geo.

Name of person giving
In formation

Spencer Young

How related
to deceased

Father

CAUSES OF DEATH

Primary

Bronchitis

How long

Seven days

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. A. Stevens

Oxford Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

